PROVIDER REPORT OF UNDERPAYMENT FORM

DECCD Mississippi Child Care Payment Program

INSTRUCTIONS

- 1. All requests for adjustments to providers due to underpayment by DECCD must be submitted on this form.
- 2. All forms must be typewritten or printed in ink.
- 3. Copies of all supporting documentation must be included with this form.
- 4. The Provider/Center Name, Provider/Center ID, mailing address, phone number must be included on the form. All incomplete forms will be returned to the provider.
- 5. This request form must be submitted within ten days of receipt of incorrect payment in order to be considered for adjustment.
- 6. The reason for request must be clear and detailed.
- 7. This form must be signed by an authorized representative.
- 8. The child care provider is responsible for including copies of all sign in and out sheets needed to support their report.
- 9. Burden of proof rests with the provider. If appropriate documentation cannot be supplied to support this report, no adjustments will be made.
- 10. Use additional forms as needed.
- 11. Return this form to:

DECCD P.O. Box 352

Jackson, Mississippi 39202

SECTION I: PROVIDER INFORMATION				
Provider/Center Name				
Provider/Center ID Number:	Provider Phone Number		ber:	
Mailing Address:				
City:	State:		ZIP Code:	
SECTION II: REASON FOR REQUEST				
SECTION III: ADJUSTMENT REQUEST				
Child Name:	Month of Care: Days missing from payme			ent
		,	<u> </u>	
Signature of Authorized Representative				Date